further service—amounts to a total of 22,773 officers, non-commissioned officers, and men.

HOSPITAL ORDERLIES FOR THE ROYAL ARMY MEDICAL CORPS.

The Director-General, Army Medical Service, has intimated that hospital orderlies are still sorely needed for service in South Africa, and that the immediate assistance of the St. John Ambulance Brigade to the extent of 200 men would be very highly valued.

Correspondence.

"Audi alteram partem."

THE DANGERS OF A COMMON COLD.

To the Editors of THE LANCET.

SIRS,—I feel sure we are all pleased to see in our public places, cars, &c., notices prohibiting spitting. Whether we Englishmen are more prone to that form of dirtiness and bad taste than our American cousins and foreign friends I am doubtful. The upper few inches of the earth's living mould is the natural and proper receptacle of all animal and human excreta. Its deposition at a sufficient distance from habitation is neither poisonous to its surroundings nor offensive to the most delicate taste. That we must expectorate under many conditions too numerous to mention and at most inconvenient times and places is not sufficiently remembered by our sanitary legislators. The use of soft paper handkerchiefs ought largely to be encouraged as being much preferable to linen: eventually they should find their way to that resolver and perfect cleanser of all dirt, the fire. It is quite possible that at some future time all municipal authorities will provide in certain situations receptacles for the holding of used handkerchiefs until their removal by the corporation. The association of man with his fellows bristles with difficulties and dangers. I should like to instance particularly the infectiousness of common colds. Whether these colds, catarrhs, influenzas (?), and febriculas are produced by a chill or are one of the many manifestations of the growth of specific and distinct *materia morbi* is a question awaiting the patient investigations of the bacteriologist. That colds are personally infectious is an accepted axiom by many of the intelligent laity, and I know many people with delicate chests who do not fear exposure to inclement weather, but who, from personal experience, have a righteous dread of coming near anyone suffering from a cold. The opinion of our profession on this subject is only half-formed and very insufficiently insisted upon.

We are all too familiarly aware how a cold runs through a family, and it must be the experience of all practitioners how catarrhal inflammations of the mucous membrane break out at varying seasons of the year, with epidemic severity. The sequelæ of so-called simple colds are in all conscience severe enough, if we accept the *ipse dixit* of the public and the general voice of the profession on the point. It therefore seems a cruel thing that we should not warn our patients and the public against the infectiousness of most, if not of all, colds, and particularly during the catarrhal stage. Important as may be the prevention of spitting that of disseminating colds is equally so. The person suffering from a cold who attends a public or private indoor gathering, perhaps with children and people troubled with delicate chests, throats, &c., is an immediate source of perilous infection.

At this season of the year a small, stuffy room, flaming gaslights, a temperature of from 70° to 80° F., the practical absence of bright sunlight by our moisture-laden air, heavy curtains round the all too small windows, and the vitiated exhalations of the people present, seem almost perfect surroundings for the luxuriant cultivation and growth of anaerobic saprophytes.

Personally when called into a house and finding a patient suffering from cold I always warn the members of the household of its infectiveness and advise the avoidance as much as possible of all immediate personal contact. Kissing must be a common source of contagion, and children and babies are often martyrs to this injudicious custom. Good ventilation is essential in the room. From personal experience of the recent rational treatment of consumption by fresh air and sunlight I am led to believe that a great part of its efficacy is due to its largely preventing the risk of recurring catarrh. The unfortunate owner of a cold before mixing with his fellows should carefully disinfect his oro-nasal passages, always remembering that whilst so possessed he continues a treacherous friend and a dangerous enemy.

I am, Sirs, yours faithfully,

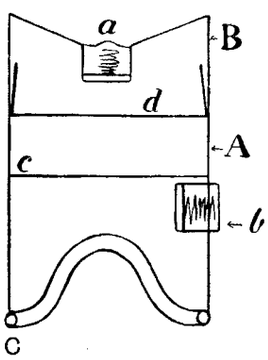
R. PROSSER WHITE, M.D. Edin.,
Honorary Medical Officer, Royal Infirmary, Wigan.

Oct 28th, 1901.

A SIMPLE APPARATUS FOR ETHER NARCOSIS.

To the Editors of THE LANCET.

SIRS,—When, towards the end of last August, I was in Aix-la-Chapelle I visited a nursing-home conducted by Dr. Longard and Dr. Beaucamp, and was there shown by the former a mask for the inhalation of ether which I do not remember to have seen in this country. As this mask seems to have very definite advantages over those generally in use I venture to call the attention of those interested in such matters to the claims put forward on its behalf. It consists (see section) of a metal mantle (A) which is closed on the one side by a funnel-shaped lid (B) and finished on the other by an indiarubber cushion (C) which forms the face-piece. In the deepest part of the lid are a few holes which are closed from within by a spiral spring valve (*a*), so that air finds ingress but no egress. This is the inspiration valve. The expiration valve (*b*) is near the face-piece. Between the valves are two horizontal fine wire sieves (*c* and *d*). The upper one is removeable, and between the two some gauze is laid. With the patient in the usual position some ether is poured on to the lid. As the patient inhales the valve opens and the fluid runs down and falls on the metal sieve (*d*) and thence on to the gauze. From there it passes on to the lower sieve, wetting the wires and filling up the meshes. When inhalation takes place what reaches the lungs is not pure ether, but ether which by means of the sieve arrangements has been finely mixed with atmospheric air.



The first masks which were made were found to have the disadvantage of generating ice when the atmosphere contained much moisture. This has now been remedied by the introduction of a ring-shaped thermophore which exactly fits the lid. Before the inhaler is used this thermophore is detached, heated in hot water for a few minutes, and replaced. Its presence is found to obviate the difficulties which formerly arose from the formation of a freezing mixture.

The experience of three years' constant use of this inhaler on every kind of patient may be summed up as follows: 1. Women and young men become completely unconscious in from two to three minutes, sometimes less. In older men six minutes may be necessary, but there is never any stage of excitement even in inebriates. 2. No preliminary administration either of gas or chloroform is necessary, a matter of very considerable importance to the administrator. 3. The amount of ether required for the production of complete anæsthesia is very small. For children from five to 10 cubic centimetres suffice; women require from 15 to 25 cubic centimetres, while for men, especially inebriates, from 30 to 50 cubic centimetres may be necessary. This is an appreciable saving, being about a third of what is used in the ordinary forms of ether inhalation. Lastly, the mask is exceedingly portable and does not easily get out of order. I do not know whether any of our instrument makers keep this mask, but an inquiry addressed to Dr. Longard at Aachen, Rhenish Prussia, would meet with a prompt reply. The price, I understand, is about 30*s*.

I am, Sirs, yours faithfully,

York-street, W., Oct. 21st, 1901. LEONARD WILLIAMS.

SCHOOL PUNISHMENTS.

To the Editors of THE LANCET.

SIRS,—Your interesting leading article on "School Punishments" in THE LANCET of Oct. 26th, p. 1131, opens up a subject of great importance to medical men in general and to